

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
Board of Examiners in Speech-Language Pathology and Audiology

**SUPERVISORY AGREEMENT
SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY INTERN**

Applicant/Licensee Name	Social Security #	License #

Intern

When applying for a license as an intern, renewing that license or with a change in supervision, the licensed speech-language pathologist must submit a notarized statement accepting supervisory responsibilities. To be licensed and to practice as an intern, the intern must have a licensed supervisor. An intern may renew a license even though the intern does not have a supervisor. However the intern may not practice until a supervisor is obtained and an agreement is approved by the board office. Practice without a supervisor may result in disciplinary action. Interns who are not supervised by a licensed speech-language pathologist must inform the board office immediately. When another supervisor and a completed, notarized supervisory agreement is accepted by the board office, a letter authorizing the resumption of practice will be sent to the licensee.

Supervisor

The following information and statement must be completed by each licensed supervisor on a separate form and submitted to the board office with application, renewal or change of supervision.

Supervisor Name	Title	Lic. #	Location	Soc. Security #

Company	Location	Setting

Mailing Address	City State Zip Code	Telephone

If supervisory responsibility is shared, please provide us with the name(s) of the other supervisor(s).

I UNDERSTAND THAT I AM RESPONSIBLE FOR THE SERVICES TO THE CLIENT THAT MAY BE PERFORMED BY THIS INTERN AND THAT I MUST ENSURE THAT ALL SERVICES ARE IN COMPLIANCE WITH THE PRACTICE ACT. I ALSO UNDERSTAND THAT I MUST KEEP CURRENT TRAINING AND PERFORMANCE RECORDS. THESE RECORDS MUST BE MADE AVAILABLE TO THE BOARD WITHIN 15 DAYS OF THE DATE OF THE BOARD'S REQUEST FOR SUCH RECORDS. IF THIS SUPERVISORY RELATIONSHIP CHANGES, I UNDERSTAND THAT I SHOULD IMMEDIATELY NOTIFY THE BOARD OFFICE IN WRITING.

Supervisor's Signature

Date

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 200_____.

_____ MY COMMISSION EXPIRES _____.

(Affix Seal Here)